

CS 13 UNIVERSITY OF PITTSBURGH POLICY (formerly 07-02-01.2)

CATEGORY: PERSONNEL
SECTION: Confidentiality of Medical Information
SUBJECT: Privacy and Security Training Related to Protected Health Information (PHI)
Pursuant to HIPAA
EFFECTIVE DATE: September 23, 2013
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I. SCOPE

The University shall provide privacy and security training in accordance with the requirements set forth in this policy. This policy applies to all University Covered Components as defined and designated in Policy 07-02-01.

II. POLICY

It is the policy of the University to comply with the Health Insurance Portability and Accountability Act (HIPAA) rule, as amended, pertaining to necessary training requirements with respect to PHI and any applicable related state laws that are not preempted by HIPAA.

III. REQUIREMENTS

1. The University shall provide privacy and security education and training to the members of its workforce (which includes volunteers, contract employees, students and related staff) in its Covered Components to comply with the federally mandated HIPAA Privacy and Security Regulations which were subsequently amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) and the HIPAA Omnibus Rule. Such education and training shall occur periodically thereafter. This education and training shall include, but may not be limited to, the policies and procedures with respect to PHI as necessary and appropriate for workforce members to perform their function. Additionally, the University will identify and provide any specialized or additional training to those members as necessary and appropriate for the individuals to perform their function.
2. The University shall train new members of its workforce in the Covered Components, and employees and others who transfer into the Covered Components, as part of the orientation process, within a reasonable period of time once such member joins the workforce, on the policies and procedures with respect to PHI as necessary and appropriate for the member to perform their function.
3. The University shall train and retrain as appropriate the members of its workforce whose functions are affected by a material change in such policies or procedures within a reasonable period of time.
4. The policies and procedures which may be discussed in such education and training may include the following topics:
 - Uses and Disclosures of PHI
 - Uses and Disclosures of PHI for which an authorization is required
 - Uses and Disclosures of PHI requiring an opportunity for Individual to agree or to object
 - Uses and Disclosures of PHI not requiring a consent, authorization or an opportunity to agree or object

- Notice of Privacy Practices for PHI
 - Rights to request privacy protection for PHI
 - Access by Individuals to PHI
 - Amendment of PHI
 - Accounting of Disclosures of PHI
 - Use of PHI in Fundraising
 - Use of PHI in Marketing
 - Guidelines for Purchasing
 - Administrative requirements
 - Transition requirements
 - HIPAA Compliance dates
 - Uses and Disclosures of PHI – other requirements
 - Information Security
 - HITECH Breach Notification Requirements
5. Each University Covered Component shall maintain documentation evidencing that training has been provided.
6. The University will have ongoing training and educational tools available to its members through the University website.

IV. RESPONSIBILITY

It shall be the responsibility of each University Covered Component to implement these processes and procedures to meet the requirements set forth in this policy based on its unique systems and processes.

V. NON-COMPLIANCE

An employee's failure to abide by this policy may result in disciplinary action up to and including termination of employment.